

**TEXAS DEPARTMENT OF HEALTH - BUREAU OF RADIATION CONTROL  
REQUEST FOR TERMINATION OF REGISTRATION/CERTIFICATION**

Before your Certificate of Registration can be terminated the following requirements must be met: You must request termination of your registration (by completing this form you will have met this requirement), inform us of the disposition of all x-ray equipment, and submit payment for any outstanding fees.

**I hereby request termination of my Certificate of Registration.**

REGISTRANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

**RADIATION MACHINE DATA**

Complete the following information for each machine registered under your registration. On the "TRANSFERRED TO:" line, indicate to whom the equipment was transferred, how it was disposed or if it is in storage. For additional equipment use the back of form.

MANUFACTURER: \_\_\_\_\_

TRANSFERRED TO: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

DATE OF TRANSFER: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

TRANSFERRED TO: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

DATE OF TRANSFER: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

TRANSFERRED TO: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

DATE OF TRANSFER: \_\_\_\_\_

Your submission of this completed form to the address below will save the need for additional correspondence.

TEXAS DEPARTMENT of HEALTH  
BUREAU of RADIATION CONTROL  
1100 WEST 49th STREET  
AUSTIN, TEXAS 78756-3189

I certify that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Equipment Information

MANUFACTURER:\_\_\_\_\_

TRANSFERRED TO:\_\_\_\_\_

MODEL NUMBER:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

SERIAL NUMBER:\_\_\_\_\_

\_\_\_\_\_

DATE OF TRANSFER:\_\_\_\_\_

MANUFACTURER:\_\_\_\_\_

TRANSFERRED TO:\_\_\_\_\_

MODEL NUMBER:\_\_\_\_\_

ADDRESS: \_\_\_\_\_

SERIAL NUMBER:\_\_\_\_\_

\_\_\_\_\_

DATE OF TRANSFER:\_\_\_\_\_

MANUFACTURER:\_\_\_\_\_

TRANSFERRED TO:\_\_\_\_\_

MODEL NUMBER:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

SERIAL NUMBER:\_\_\_\_\_

\_\_\_\_\_

DATE OF TRANSFER:\_\_\_\_\_

MANUFACTURER:\_\_\_\_\_

TRANSFERRED TO:\_\_\_\_\_

MODEL NUMBER:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

SERIAL NUMBER:\_\_\_\_\_

\_\_\_\_\_

DATE OF TRANSFER:\_\_\_\_\_